

Best Available Copy

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS | ID NO. | DATE   |
|---------------------|----------|--------|--------|
| FEE DETERMINATION   |          |        |        |
| O.I.P.E. CLASSIFIER |          |        |        |
| FORMALITY REVIEW    | CJR      | 65214  | 1-7-99 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 - ..... Allowed      I ..... Interference  
 (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     |       | 2/2/99   |      |
| 2     |       | 2/2/99   |      |
| 3     |       | 2/2/99   |      |
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| Claim | Final | Original | Date |
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| 51    |       | 2/2/99   |      |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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